

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
4		1				
5						
6						
7						
8						
9						
10	1					
11	1					
12	1					
13	1					
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	10	↓	↓	↓		
TOTAL CLAIMS	20					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.								
TOTAL DEP.		↓	↓	↓				
TOTAL CLAIMS								